



Early Hearing Detection & Intervention

Data

May 14, 2012

CDC EHDI Data

	2008	2009	2010
Screened	97.3%	98.5%	97.4%
Pass	97.8%	97.7%	97.4%
Did Not Pass	2.2%	2.3%	2.6%

CDC EHDI Data

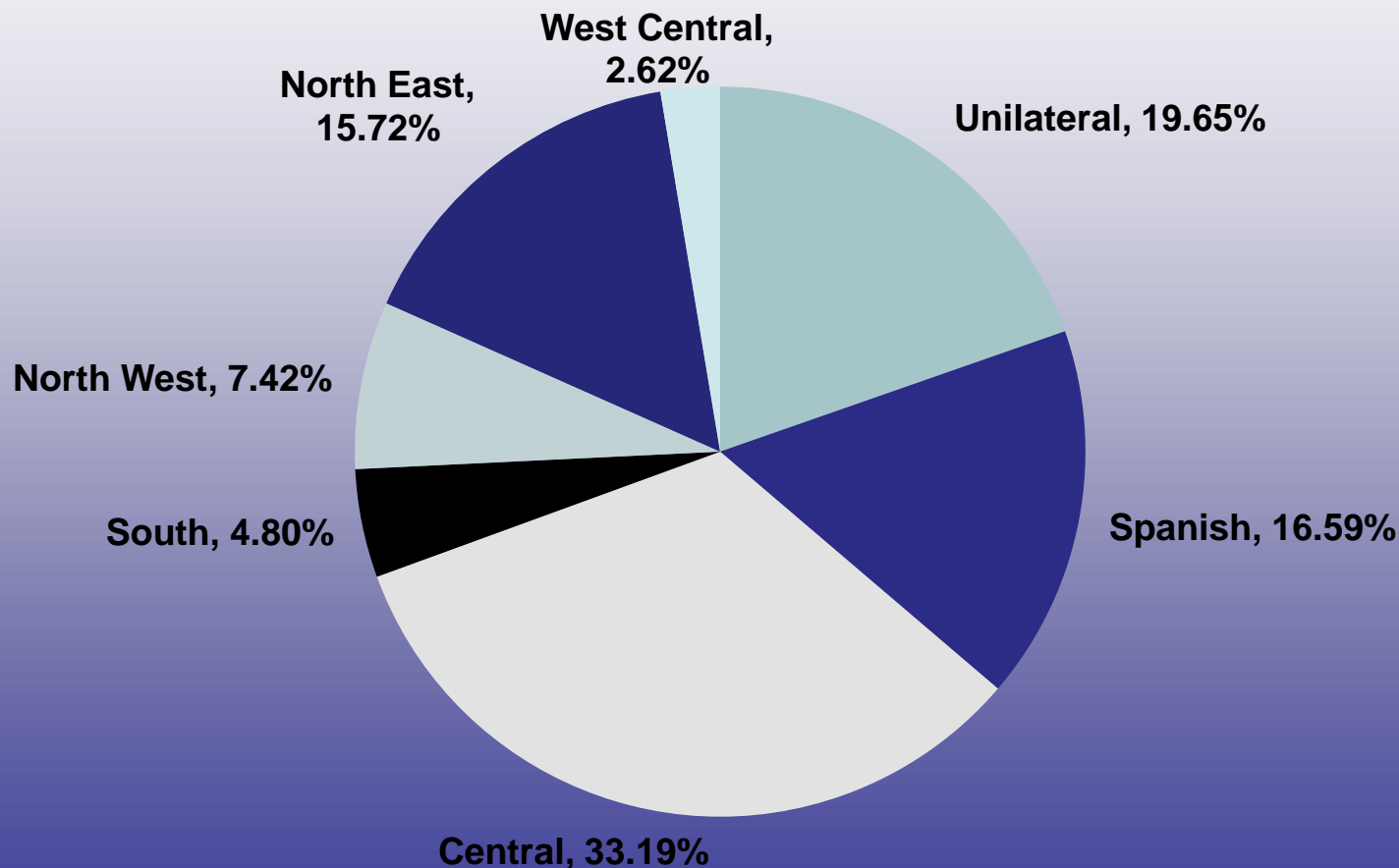
Did Not Pass UNHS

	2008 (N=1914)	2009 (N=1986)	2010 (N=2170)
Normal Hearing	69%	66.2%	68.6%
LTF/LTD	15%	22.7%	17.1%
Diagnosed	7.1% (137)	6.7% (133)	6.2% (134)
Diagnosed Enrolled in Part C		64.7% (86)	69.4% (93)

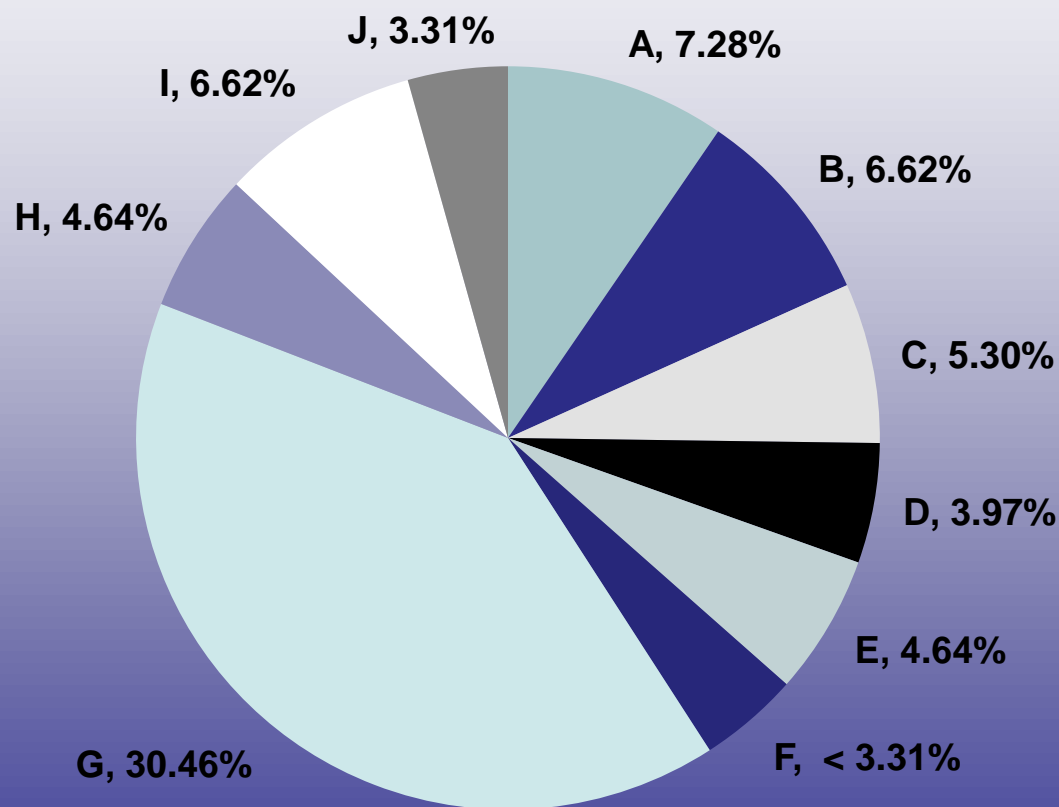
❖ 101 additional children were diagnosed with hearing loss in 2009

❖ 119 additional children were diagnosed with hearing loss in 2010

Families Enrolled in GBYS Parent Guide Type/Region

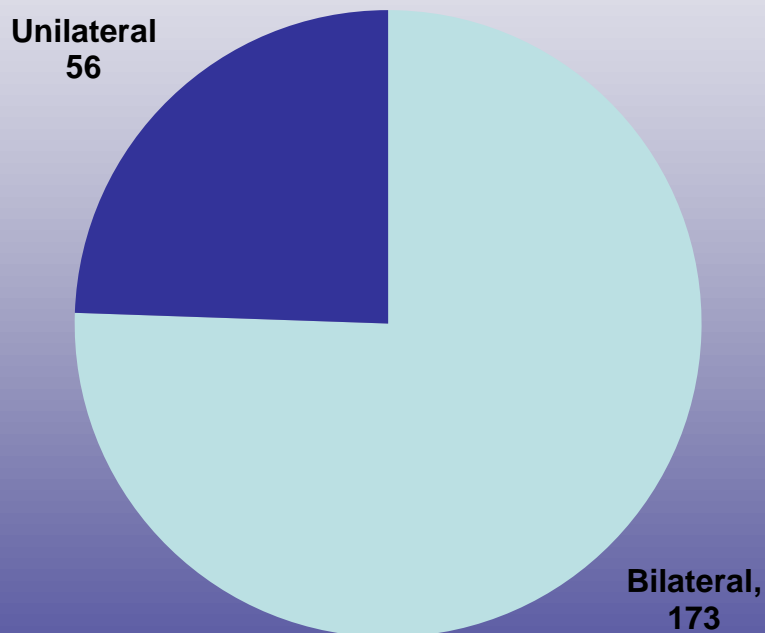


Families Enrolled in GBYS First Steps Cluster

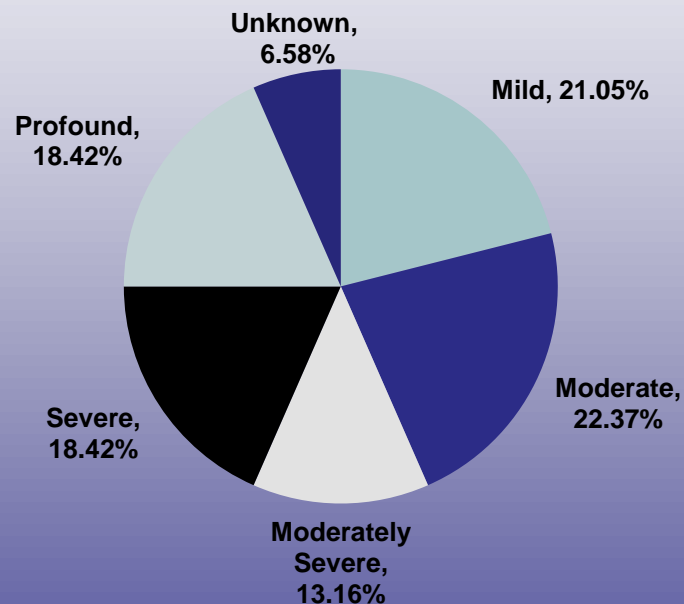


Laterality & Degree of Hearing Loss Children Enrolled in GBYS

Laterality

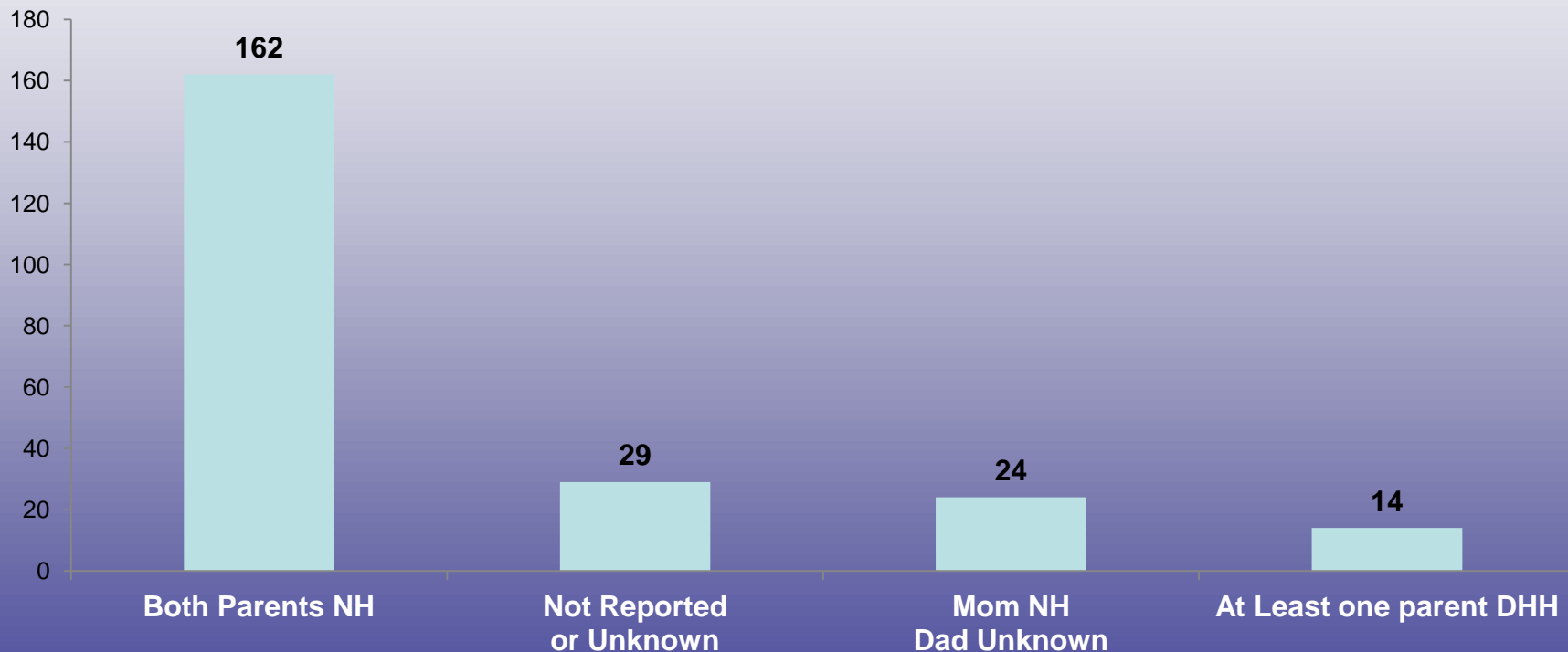


Degree

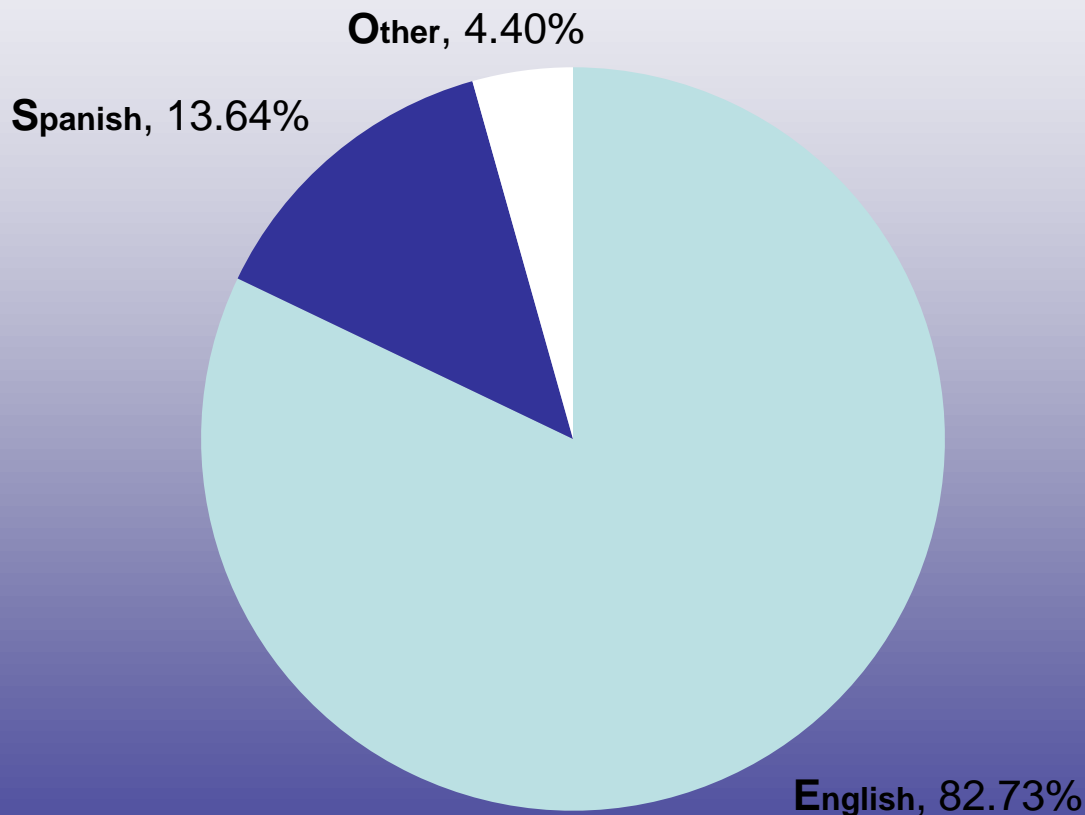


Families Enrolled in GBYS

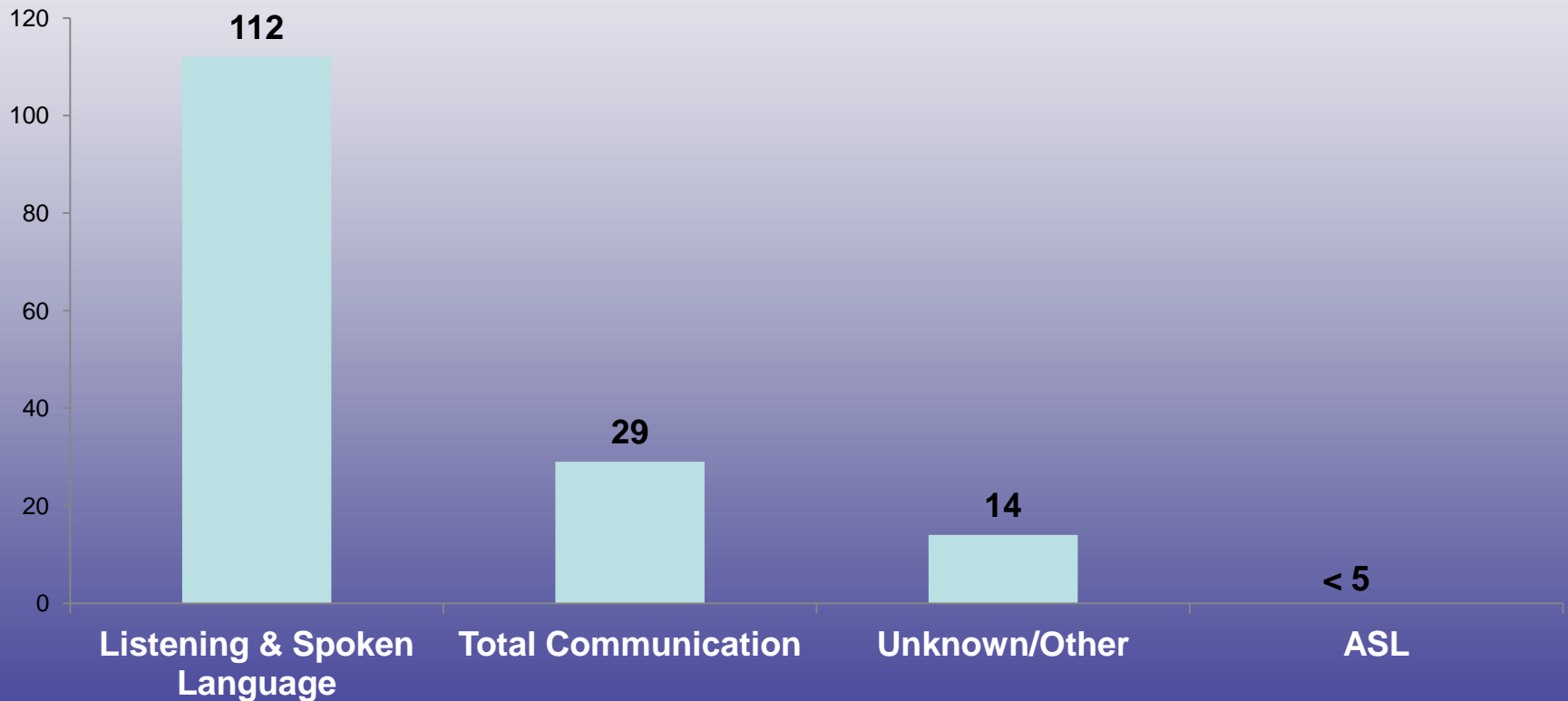
Parents' Hearing Status



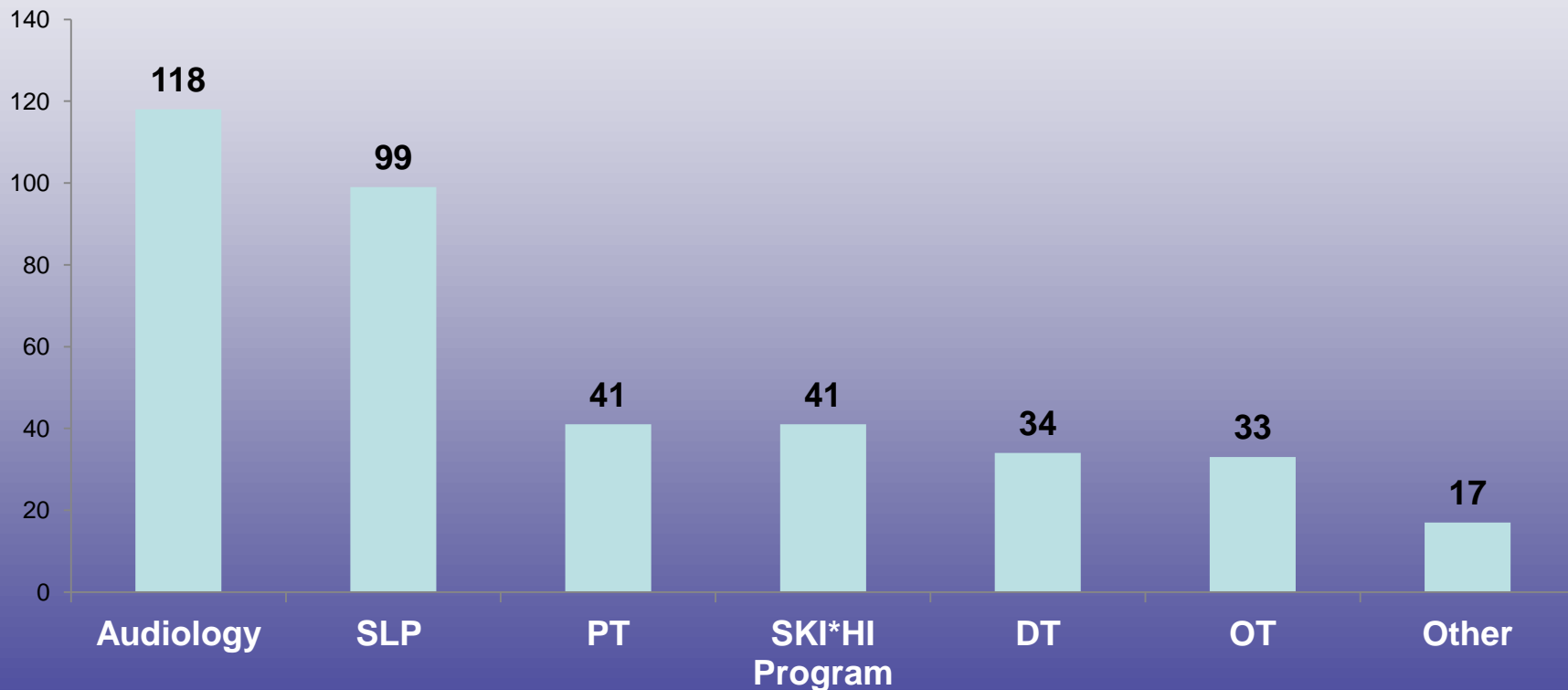
Families Enrolled in GBYS Home Language



Families Enrolled in GBYS Early Communication Choices






Families Enrolled in GBYS Services Provided



Sample Outcomes Form

Child Demographic Information					
Outcomes Status : Assigned		SAVE OUTCOMES			
Guide by Your Side					
First PPC contact:	02/10/2012				
Enrolled:	02/10/2012	First Contact By PG:	02/11/1912		
Completed:		Contacts by PG:	3		
Parent Guide:	Gbys, Parentguide	Signed Release Onfile:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused		
How was child referred to GBYS:	UNHS	Specify Other:			
Name	RABBIT, ROGER	Race	WHITE	PID	5197435
Gender	M	Ethnicity	NON-HISPANIC, FILIPINO, PORTUGUESE	Death	N/A
DOB	01/01/2012	Plurality	0	Gestational Age	UNKNOWN
Birth Order					
Edit Child Data					
Mother's Name	RABBIT, MOMMY,	Address	1234 HOPPY COURT, SUNNYVILLE, IN 46268, County: Add		
Edit Mother Data		Phone	317-555-5555	Email	rogersmom@email.com
Father's Name		Address	Phone		
Edit Father Data		Email			
Primary Household Language:	English				
Mother Hearing Status:	<input checked="" type="radio"/> Normal <input type="radio"/> Hard of hearing <input type="radio"/> Deaf		Father Hearing Status:	<input checked="" type="radio"/> Normal <input type="radio"/> Hard of hearing <input type="radio"/> Deaf	
Other State Identifier:					

Sample Outcomes Form

File Status Diagnosed			
UNHS Results		Left Ear Did Not Pass	Right Ear Did Not Pass
		Risk Factors <input checked="" type="checkbox"/>	
Diagnosed Hearing Outcome Results			
Sensorineural Loss		Sensorineural Loss <input checked="" type="checkbox"/>	
Degree Moderate(41-55 dB HL)		Moderate(41-55 dB HL)	
More Info		Update	
Risk Factors from recent DAE Other risk factor			
Special Care/NICU (greater than 5 days)			
Follow-up Outcomes			
<input type="checkbox"/> Neural Tube Defect <input type="checkbox"/> Cardiovascular defect <input type="checkbox"/> Gastrointestinal defect <input type="checkbox"/> Musculoskeletal defect <input type="checkbox"/> Chromosomal anomaly <input type="checkbox"/> Condition identified through newborn blood spot screening <input type="checkbox"/> Other			
Other Diagnosis/Health Condition			
If, other 			
Technology			
Hearing Aid:		Cochlear Implant:	
<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending <input type="radio"/> Unknown		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Pending <input checked="" type="radio"/> Unknown	
FM System:		Other:	
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Pending <input type="radio"/> Unknown			
Hearing Aid		Cochlear Implant	
Type:		Date of Activation:	
<input type="radio"/> Loaner <input checked="" type="radio"/> Personal		 	
Daily wear schedule:		Date of CI Surgery:	
All Awake Hours		 	
Place of use:		Daily wear schedule:	
Both Home and School		--Select--	
Date fitted:		Place of Use:	
03/01/2012 		--Select--	
Laterality:		Laterality:	
Both		--Select--	
FM System - Place of use: --Select--			

Sample Outcomes Form

Early Intervention			
ED Team Evaluation Scheduled date:		03/01/1912	
Enrolled in Part C services:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Referred <input type="radio"/> Unknown	SPOE:	CLUSTER G
Non-Part C services:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Referred <input type="radio"/> Unknown	Date of IFSP:	03/15/2012
Enrolled in Part B services:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Referred <input type="radio"/> Unknown	Enrolled in Non-Part B services:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Referred <input type="radio"/> Unknown
Location of intervention services:	Home-based	Communication Mode/Method:	Total Communication
EI services received: <input checked="" type="checkbox"/> Audiology <input checked="" type="checkbox"/> Speech & Language Therapy (First Steps) <input type="checkbox"/> Speech & Language Therapy (private) <input type="checkbox"/> Developmental Therapy (First Steps) <input type="checkbox"/> Deaf/HOH Parent-Infant Program (State) <input type="checkbox"/> Deaf/HOH Parent-Infant Program (private) <input checked="" type="checkbox"/> SKI*HI Program <input type="checkbox"/> Occupational Therapy (First Steps) <input type="checkbox"/> Occupational Therapy (private) <input type="checkbox"/> Physical Therapy (First Steps) <input type="checkbox"/> Physical Therapy (private) <input checked="" type="checkbox"/> Developmental therapy with educator specialized in deaf/hoh <input checked="" type="checkbox"/> Other			
Referrals			
Connection with Family Support Organization:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Recommended	If yes, please specify:	H&V
Genetic Eval and Counseling:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Recommended	Received Genetic Eval/Counseling:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
ENT Eval:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Recommended	Received ENT Eval:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Vision Eval:	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Recommended	Received Vision Eval:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Other Provider or Service:	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Recommended	Received Other services:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Please specify Other Service/provider:			
Children with Special Healthcare services info. Received:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown <input type="radio"/> NA	Parent Toolkit Received:	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Name of Informant:	Mommy Rabbit	Role of Informant:	Mother
Last Updated:		Last Updated By:	

Sample Outcomes Form

Notes/Comments

Note Record Added Successfully.

Please enter notes below.


And more notes....

1982 characters left [Add To Log](#)

Note Id	Notes	Entry Date	Staff
18540	Notes are made here by GBYS Parent Guide after each session with the family.	5/11/2012 2:28:32 PM	Julie Schulte

Upload Documents

Specify the type of document, indicate the date received and click the Browse button and select the document to upload.

Type	Received Date	File
Reciprocal Release - Hands & Voices ▼	05/11/2012 	<input type="text"/> <input type="button" value="Browse..."/>
<input type="button" value="Refresh List"/>		